

ARREST / NOTICE TO APPEAR

2019 6681

1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias

1

JUVENILE

AD M I N I S T R A T I O N	UBTS Number	Agency ORI Number 0500800	Agency Name West Palm Beach Police Department	Agency Report Number (N.T.A.'s only) 9 / 4 / 2020-0008317	Location of Arrest (Including Name of Business) S QUADRILLE BLVD/OKEECHOBEE BLVD WPB, FL		Location of Offense (Business Name, Address) 799 S QUADRILLE BLVD/OKEECHOBEE BLVD, WEST PALM							
D E F E N D A N T	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type: NOT APPLICABLE		Multiple Clearance Indicator		Date of Arrest 05/24/2020	Time of Arrest 22:29	Booking Date 05/24/2020	Booking Time 22:39	Jail Date // : : :	Jail Time	Location of Vehicle		
	Name (Last, First, Middle) SPAIN, LAUREN ELIZABETH						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
	Race W - White B - Black O - Asian	I - American Indian	Sex W	F F	Date of Birth 06/02/1994	Height 5'04	Weight 150	Eye Color BROWN	Hair Color BLOND OR	Complexion LIGHT	Build Medium	Indication of Alcohol Intoxication Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>		
	Local Address (Street, Apt. Number) 259 COURTNEY LAKES CIR, WEST PALM BEACH, FL 33401						Home Phone (561) 670-1848		Residence Type: 1. City 2. County 3. Florida 4. Out of State 4		Address Source SELF			
	Permanent Address (Street, Apt. Number) 259 COURTNEY LAKES CIR, WEST PALM BEACH, FL 33401						Mobile Phone		Work Phone		Occupation			
	Business Address (Name, Street) S150525947020 / FL						Place of Birth (City, State) DALLAS, TX, United		Citizenship US					
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)						Residence Phone							
	<input type="checkbox"/> Legal Custodian						Business Phone							
J U V E N I L E	Address (Street, Apt. Number) 259 COURTNEY LAKES CIR, WEST PALM BEACH, FL 33401						Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
	Released To: (Name)						Relationship	Date	Time					
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.						School Attended		Grade					
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No.						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property		
	Drug Activity N N/A P Possess						S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Dispense/ Distribute	M Manufacture/ Produce/ Cultivate	Z Other	Drug Type N N/A A Amphetamine		
	B Barbiturate C Cocaine E Heroin						H Hallucinogen M Marijuana O Opium/Deriv.		P Paraphernalia/ Equipment S Synthetic		U Unknown Z Other			
	Charge Description DRIVING WHILE UNDER INFLUENCE						Statute Violation Number 316.193(1)(A)		Violation of ORD #					
	Drug Activity N						Drug Type N		Amount / Unit /		Offense #		Counts 1	
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						Warrant / Capias Number		Bond					
	Charge Description						Statute Violation Number		Violation of ORD #					
Drug Activity						Drug Type		Amount / Unit		Offense #		Counts		
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N						Warrant / Capias Number		Bond						
Charge Description						Statute Violation Number		Violation of ORD #						
Drug Activity						Drug Type		Amount / Unit		Offense #		Counts		
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N						Warrant / Capias Number		Bond						
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By		Released To			
	Transported By						Date Transported		Time Transported		Other			
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) Criminal Justice CRIMINAL JUSTICE COMPLEX							
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Court Date and Time 07/07/2020 08:00:00		3228 GUN CLUB ROAD					
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						No Photo Available							
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed		INITIAL					
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.						(561) 670-1848								
A D M I N	HOLD for Other Agency						Signature of Arresting Officer		Name Verification (Printed by Arrestee)		PAGE			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Requested Arrest <input type="checkbox"/> Other		(PRINT)		1 OF 1			
	Inmate # 0474224						ID # 2042		Agency WPBPD		Witness here if subject signed with an "X"			
	Pouch #						Transporting Officer L. LANTIGUA		ID # 2042		Agency WPBPD			

0474224

3841

MAY 25 4:17:24

DUI PROBABLE CAUSE AFFIDAVIT

On the 24 Day of May at 2318 hours A.M. P.M.
Subject: Lauren E. Spain Case Number: 20200008317
Agency: West Palm Beach Police Department Arresting Officer: Lantigua 2042

Personal Contact

Driving Pattern	Actual physical control (physical evidence putting the driver behind the wheel)
Driver/sole occupant of a white Mazda CX5 traveling westbound on Okeechobee Blvd crashed into a red Honda Accord traveling northbound on S. Quadrille Blvd in the intersection.	
Witness 1 stated that she was also traveling northbound on S. Quadrille Blvd when the light turned green to travel northbound on Quadrille and she saw the white Mazda CX5 traveling westbound. The witness stated that she did not see the white Mazda CX5 stop at the red light and continue traveling through the intersection causing the crash. Witness 1 stated that she saw D1 exit the driver's seat of the Mazda CX5.	
See Officer Fischer's sworn victim witness statement attached to this case file.	

Observation of Driver
Upon making contact with the driver of the Mazda CX5, I could smell a moderate unknown alcoholic beverage(s) emitting from her head and body. The driver also appeared to be upset and kept repeating herself. The driver's eyes were red and glossy. The driver was also leaning against her Mazda CX5.

Drivers Statements:
The driver stated that she was traveling westbound on Okeechobee Blvd and that the other vehicle was traveling northbound on South Quadrille Blvd. The driver was having difficulty understanding and comprehending what I was asking her due to her prior encounters with law enforcement.

Odors:
The smell of an unknown alcoholic beverage(s).

General Observations

Speech: Slurred Speech
Attitude: Upset
Clothing: Floral Romper
Medical Problems/Medications: No known medical problems
Other: Change of hats was conducted. Miranda Rights were read on scene. The driver stated that she understood her rights. The driver stated that had no medical issues at this time that she knew about it.

SPAIN
MAY 25 2020

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Lauren E. Spain Case Number: 20200008317

Roadside Tasks

Horizontal Gaze Nystagmus	
<input type="checkbox"/> Left Eye Does Not Follow Smoothly	<input type="checkbox"/> Right Eye Does Not Follow Smoothly
<input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less	<input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less
<input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation	<input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation

Walk and Turn Task
Driver stated she understood the instructions that she was instructed to complete the tasks. Driver did not take heel to toe steps, driver used her arms for balance, and made an improper turn. The driver also stepped off the line.

One Leg Stand
While giving the instructions, the driver did not stand with her feet together and arms by her side. The driver started the task prior to being told not to start until being told to do so. The driver stated that she understood the instructions. The driver used her arms for balancing and kept putting her foot down at least three times. The driver did not count out loud. These were the indicators observed within the allotted 30 seconds.

Finger To Nose
Driver stated that she understood the instructions and had no questions. The driver did not tilt her head back at the start of the task. The driver did not touch her nose with the tip of her finger. The driver did not bring her hand back down to her side after touching her nose multiple times.

Romberg Balance
N/A

Breath Results from Instrument

1st Result **REFUSED** 2nd Result **REFUSED** 3rd Result **REFUSED**
If Applicable

State of Florida

County of Palm Beach

The Following Instrument was notarized or sworn before me this _____ (DATE)

Personally Known



Notary Public

Notary / Clerk of Courts / Officer (FSS: 117.1)

Signature of Arresting Officer

West Palm Beach Police Department

Case No: 2020-0008317

Date of Statement	Month: 05	Day: 24	Year: 2020	Time: 22:42	Statement Please Fill out in full detail	
Offense: Accident						
Date of Offense:	Month: 05	Day: 24	Year: 2020	Time: 21:17	Suspect (Last, First, Middle)	
Location of Offense: Quadriple Blvd at Okeechobee Blvd, West Palm Beach Florida					District: 25	
Person Code:	Name:(Last, First, Middle) Fisher, Christopher			Age:	DOB:	Race:
	Address Res: 600 Banyan Blvd, West Palm Beach Florida 33401			Zip:	Phone: 561-822-1900	
	Address Bus:			Zip:	Phone:	
Type of ID Shown:				ID# if applicable:		

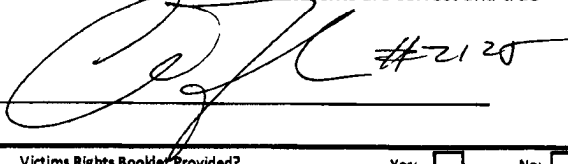
I, Ofc. Fisher do hereby voluntarily make the following statement without threat, coercion, offer of benefit, or favor by any persons whomsoever.

On May 24, 2020 at approximately 2117 hours I responded to N Quadriple Blvd and Okeechobee Blvd in reference to an accident with unknown injuries and air bag deployment.

Upon my arrival, I made contact with one of the drivers, later listed as vehicle 2 in the accident report and identified by Florida Drivers License as Sereana Bailey. I verified Bailey had no injuries and then made contact with the second driver later listed as vehicle 1 and identified by her Florida Drivers License as Lauren Spain, who also verified she had no injuries.

Upon my initial contact with Spain, I observed her eyes to be slightly red in color and glassy, and she appeared to be unsteady on her feet. Spain was speaking with a male on the phone and kept repeating herself, at which time I noticed her speech was slurred and became more evident the longer I spoke with Spain. During this time I requested multiple times for Spain to produce a copy of her insurance, which she continued to fumble about in her vehicle and was unable to complete this task without being asked multiple times. Spain stated she was driving and the other vehicle just hit her. While speaking with Spain she continued to appear unsteady on her feet and at one point almost fell off the curb into the street. Based on these observations I requested Officer Thomas respond to assist with the investigation.

I later turned the investigation over to Officer Thomas and Officer Lantigua. My BWC was active during this incident and later uploaded to Evidence.com.

Sworn to and subscribed before me, this <u>24</u> day of <u>2020</u>		I swear/affirm the above and/or attached statements are correct and true	
Notary Public: <input type="checkbox"/> Law Enforcement: <input checked="" type="checkbox"/> Name Key: _____ Personally Known: <input type="checkbox"/> Produced Identification: <input type="checkbox"/> Type: WPBPD		Signature:  #2120	
My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.		Victims Rights Booklet Provided? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Signature: _____ Date: _____		I will testify in court and prosecute criminally. Initials: _____	
(Department Policy Prohibits use of this section in domestic violence cases)		Miranda Warning Read? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
		Page <u>1</u> of <u>1</u>	

TESTING FACILITY TASK REPORT

AGENCY: WPB

SUBJECT: SPAIN, LAUREN E

CASE NUMBER: 20-071595

DATE: 05/24/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:16

ENDING TIME: 23:21

BREATH TESTS RESULTS: 1) R TIME 23:18 A.M. P.M. 2) N/A TIME N/A A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: SLURRED

ATTITUDE: CRYING, UPSET

CLOTHING: BROWN/WHITE ROMPER TAN SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:50 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND WOULD REFUSE TEST AGAIN

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A

SUBJECT: INVOKED HER RIGHTS TO COUNSEL

REFUSED



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-071595 PBSO ZONE 3-15

AGENCY CASE # 2020-8317 CRASH CASE # _____

TIME OF STOP/CRASH ~~8/24/2020~~ 2117 DATE 5/24/2020 DAY Sunday

SUBJECT'S NAME Lauren Elizabeth Spain RACE W SEX F

HGT 5'04 WGT 150 DOB 6/2/1994

LOCATION S Quadille Blvd / Okachobe Blvd

ARRESTING OFFICER'S NAME & ID Lantigua 2042 AGENCY WPRPD

DIVISION: Road Patrol

NOTIFIED BY COMMO Y

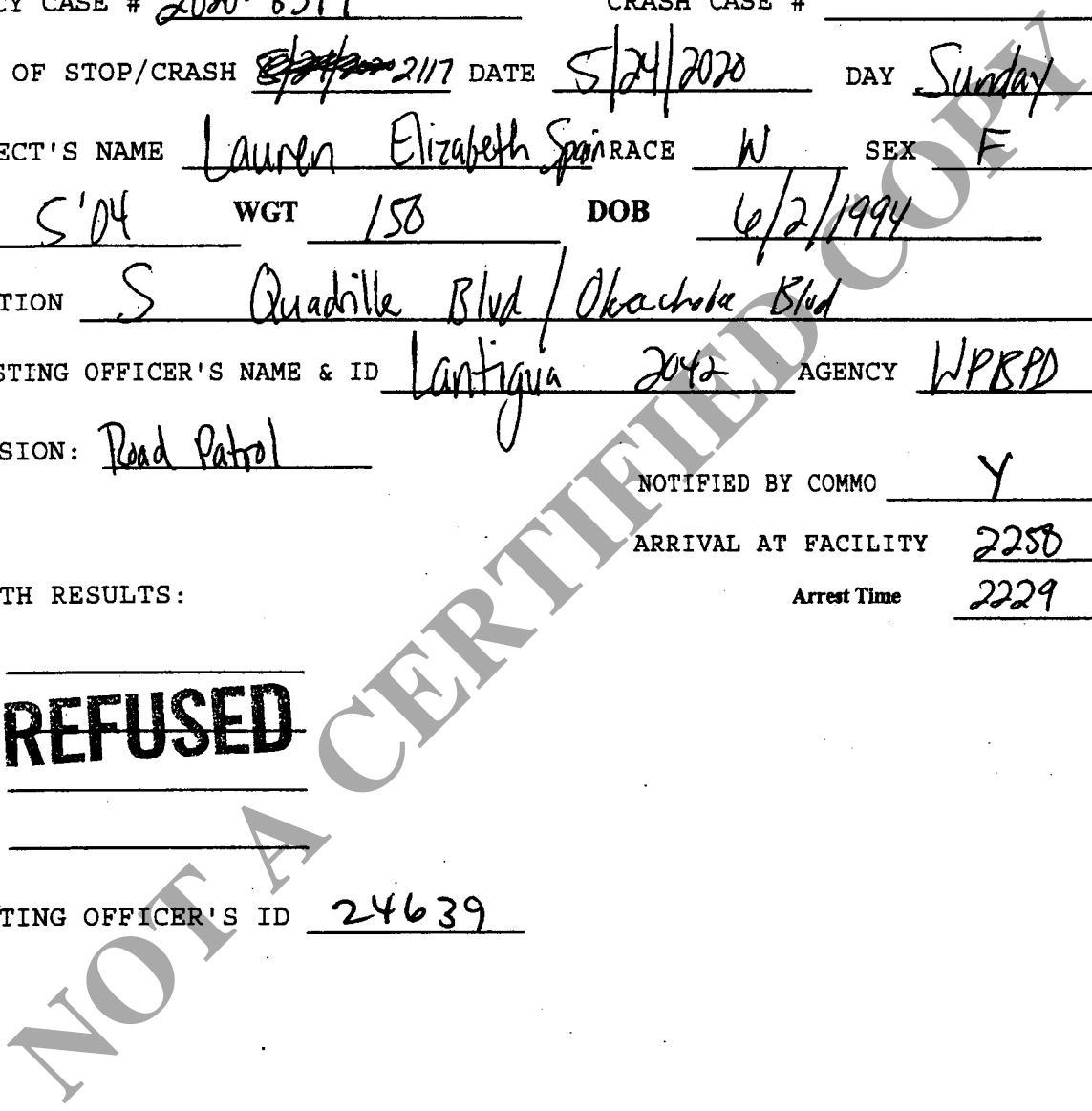
ARRIVAL AT FACILITY 2250

BREATH RESULTS:

Arrest Time 2229

1. _____
2. **REFUSED**
3. _____
4. _____

TESTING OFFICER'S ID 24639



SUBJECT: SPAIN, LAUREN E CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) READ ON CAMERA

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

SUBJECT: SPAIN, LAUREN E CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, Lisette Lantigua, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of City of West Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 24 day of May, 20 20, at 2318 hours P.M. A.M.

DRIVER Lauren E. Spain
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S150525947020, state of Florida, was placed under lawful arrest for

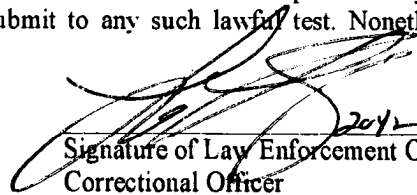
the offense of DUI by Lantigua and
(Name of Arresting Officer)

issued Citation # AC6NYCE

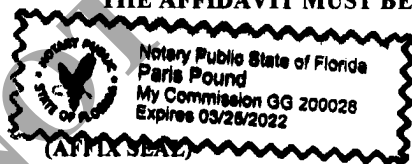
That on or about the 24 day of May, 20 20, at 2318 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before
me this 24 day of May, 20 20

by _____
who is personally known to me or who has produced
_____ as identification

Notary Public _____

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer _____

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST**

I, Lisette Lantigua, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of City of West Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

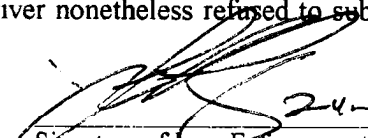
or affirm that on or about the 24 day of May, 20 20, at 2318 hours P.M. A.M.

DRIVER Lauren E. Spain,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S150525947020, state of Florida, appeared for treatment at a hospital,
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 24 day of May, 20 20, at 2318 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that if he or she holds a CDL, or was operating a CMV, refusal would result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.


Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before
me this 24 day of May, 20 20,
by Lantigua

who is personally known to me or who has produced
_____ as identification

Notary Public _____

HSMV-BAR1002 (REV. 10/16)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer _____

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.071(2)(M)1	Other: Witness to a Murder	
	<input type="checkbox"/>	119.071 (2)(I)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020013413	Date: 5/25/2020
	Specialist Name/ID: M. Tooks #8557